radicles to produce the unilobular type. One is struck by the unsettled state of pathological opinion on this disease. In Allbutt's system, Vol. IV, the article by H. P. Hawkins, of St. Thomas's Hospital, rejects the view that biliary cirrhosis, that is cirrhosis due to mischief *via* the common duct, exists as distinct from portal cirrhosis. It is spoken of as "problematical," and though the problem of biliary cirrhosis is discussed at great length, the writer declines to accept the views of Hanot, Charcot, Hayem, Cornil and others, and claims that though the clinical features are very different from those of multilobular cirrhosis, the "difference depends partly upon the anatomical arrangement of the new fibrous tissue." The statement made in the same article can scarcely be accepted by any possibility, that it is "doubtful whether any cases of unilobular cirrhosis of the liver own any other cause than alcohol, and possibly malaria." It seems to be the case that while most livers cirrhosed by alcohol, and particularly by spirits, are very soon atrophic, some alcoholics, particularly beer drinkers, show a combination of fatty parenchymatous change with fine cirrhosis, the organ being enlarged, which justifies the view that some hypertrophic cirrhoses are alcoholic. Indeed the combination of cirrhosis with fatty degeneration usually results in enlargement. These views, however, do not at all justify a refusal to accept the possibility of the existence of a true biliary cirrhosis, overgrowth of bile canaliculi, particularly in the periphery of the lobule, with accompanying fibrosis and general increase of the organ in size, the irritant being either (*a*) a nonpyogenetic ascending cholangitis from the common duct and intestine, or (*b*) a blood-borne one affecting the canaliculi from above and causing a descending cholangitis. One may easily in this connection establish a very suggestive analogy between the liver and the kidney. In the latter organ it has been long recognized that there may be (*a*) a parenchymatous inflammation (large white kidney) from blood-borne irritants, *e.g*, scarlatinal toxins, to which the large "biliary" type of cirrhosis seems to correspond closely in some cases; (*b*) chronic contracting interstitial vascular change, due to alcohol in many cases, to gout, etc., the exact counterpart of the contracted liver in both etiology and disturbance of function, but differing in this very important point that epithelial degeneration is not so prominent a feature in the liver as in the kidney, and (*c*) mixed cases of parenchymatous and interstitial inflammation. It is about this latter group of cases in the liver that dispute seems mainly to have persisted.

In the *Encyclop. Med.*, Vol. VI, the article by H. D. Rolleston, of St. George's Hospital, supports in a very convincing manner the view that there are two distinct groups of